PRINTED: 04/30/2010
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN7404	A. BUILDING _____ B. WING _____	C 04/29/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGETOP HAVEN HEALTH CARE CENTER	2002 GREER ROAD GOODLETTSVILLE, TN 37072

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During the annual Licensure survey conducted on April 27-29, 2010, at Ridegetop Haven Health Care Center , no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes. During the Licensure survey complaints # 22669, #21293, and #22462 were investigated and no deficiencies were cited related to the complaints.	N 000		

Division of Health Care Facilities

Darlene T. Jordan
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator
TITLE

5-12-10
(X6) DATE